

**Human Services Appropriations Subcommittee
January 30, 2001**

Pharmaceutical Case Management Program Update

Implementation:

On October 1, 2000, pharmacies and physicians began receiving quarterly lists of eligible patients.

When a pharmacy receives their list, a pharmacist:

- Contacts eligible patients**
- Communicates with physicians of eligible patients**
- Schedules first patient-pharmacist appointment.**

Process:

- ◆Pharmacist may bill when recommendation is forwarded to the physician.**
- ◆Physician receives assessment.**
- ◆Physician approves or modifies recommendation.**
- *Physician may bill when written communication is forwarded to pharmacist.**
- ◆Action plan is implemented.**
- *Pharmacist makes appointment for the problem follow-up or preventive assessment at the agreed upon interval.**

First Quarter Status:

- ◆124 pharmacies; 152 pharmacists, 1561 patients**
- ◆86% of pharmacies responded to a survey about first quarter patients. These pharmacists have:**

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|-----------------------------------|--------------------|
| • Met with | 417 patients (33%) |
| • "Worked-up" | 352 patients (28%) |
| • Sent recommendations to Dr. for | 232 patients (18%) |
| • Received response from Dr. for | 167 patients (13%) |

- ◆Of patients not yet seen (69%) pharmacists indicated:**

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| • Patient refusal | 96 patients (11%) |
| • Patient moved/changed pharmacy/deceased/nursing or group home/other patient access prob. | 112 patients (13%) |
| • Visit scheduling issues | 47 patients (5%) |
| • Pharmacy staffing/start-up delay | 188 patients (21%) |
| • Physician participation issues | 57 patients (7%) |

**Iowa Medicaid
Pharmaceutical Case Management:
Examples of Success Stories**

A middle-aged female patient received PCM services. She was taking prednisone to control her asthma for nearly 10 years but was not receiving any medications to prevent osteoporosis (prednisone can cause this). The pharmacist contacted the patient's allergist and primary care physician who both assumed the other was taking care of this. The pharmacist got the patient screened for osteoporosis (Dexascan) and was able to get her started on calcium and vitamin D for prevention. Both physicians were very pleased that the pharmacist coordinated the patients care.

A 34 year-old female patient with multiple medical problems received PCM services. The pharmacist discovered that the patient had been placed on an antidepressant (Prozac®) over 4 years ago after her mother died suddenly. After thoroughly reviewing the situation, it was determined that the medication was most likely not necessary any longer. The pharmacist recommended tapering the medication until it could be discontinued. The patient has been reduced to half the dose so far and has experienced no ill-effects. The plan is to discontinue the medication completely.

One female patient with arthritis was interviewed. She stated that she was allergic to aspirin so the physician had recommended acetaminophen (Tylenol®). The patient and the physician thought that this wouldn't be paid for so the physician ordered Tylenol with Codeine which would be covered. The patient was very concerned about the codeine and didn't want to be taking it so she took very little pain medication. The pharmacist was able to get the medication changed to regular Tylenol, which IS covered, so that the patient was more comfortable taking the medication and receiving relief from her pain.

A pharmacist visited an elderly diabetic's home to perform PCM services. "There are things going on in our patients lives that we are unaware of by just seeing them in the pharmacy." The pharmacist asked the patient to show him her diabetic supplies, insulin, syringes, etc. The pharmacist determined that she was using the wrong size of syringes to draw up her insulin so her measurements were very inaccurate. Her readings also showed that her blood sugar control was erratic. The pharmacist provided the correct syringes, helped her understand the importance of regular monitoring, and discussed her injection technique. The pharmacist remarks that this patient continues to be a challenge but they are making small steps toward getting her diabetes under control.

A patients blood pressure medication was reviewed. Although no problems were identified, the pharmacist was able to recommend a more cost effective medication in the same class that would equally control the patients blood pressure.

An elderly patient who had recently been hospitalized for uncontrolled asthma was identified for PCM services. The patient has received asthma medications during an ER visit a month earlier. Upon review of the patients medications, knowledge and technique, the pharmacist discovered that the patient was using the wrong inhaler for rescue and had improper inhaler technique. She was provided with directions, proper technique and information about her medications and her disease. Upon follow up, the patient knew which inhaler was for what and what order to *use* them. Her physician was pleased with the service and asked for more information about PCM services.

Dear _____,

I want to thank you so much for the study you did on my medicine.

Because **you did** this **and** talked to Dr. _____, **he did a series of blood work** and found out **that I** have a **serious blood problem** that **they are now** proceeding to **find out what is causing it.** Had it not been for you, we might not have found **out** about this for some time.

Thank you so **very very** much. **You** are a very **special pharmacist.**
God bless **you.**

Iowa Medicaid Pharmaceutical Case Management: Project Update

- ❑ During the 1999 Iowa Legislative session, funds were appropriated to reimburse pharmacists and physicians for services provided through a disease-specific pharmaceutical case management project in Iowa Medicaid.
- ❑ This project will measure the fiscal and clinical impact of pharmaceutical case management for Iowa Medicaid recipients who are identified as being at high-risk for medication-related problems.
- ❑ Pharmaceutical case management is a unique mechanism to deliver patient care where physicians and pharmacists work cooperatively in teams to care for patients at high risk for medication-related problems. Medical literature provides ample documentation that medication-related problems prevent patients from receiving optimal care and impose a large financial burden on the health care system.
- ❑ A research team from the University of Iowa Colleges of Public Health, Pharmacy and Medicine will evaluate the project. Elizabeth Chrischilles, Ph.D., has been selected as the principal investigator. The research team will submit periodic reports to the Iowa Legislature, with a final report scheduled for December 15, 2002.
- ❑ An advisory committee composed of members of the Iowa Pharmacy Association, the Iowa Medical Society, the Iowa Osteopathic Medical Association, the Iowa Academy of Family Physicians and the Iowa Department of Human Services is assisting the research team.
- ❑ The research team, working with the advisory committee, has completed a successful implementation of the service. The following activities have been completed by the research team.
 - Defining the study intervention
 - Finalizing the research protocol
 - Establishing the patient selection criteria
 - Transferring data to the research team
 - Programming the patient selection criteria
 - Outlining the pharmacist and physician eligibility criteria
 - Producing provider enrollment materials
 - Creating communication tools for providers
 - Developing provider billing mechanisms
 - Delivering training sessions for providers
 - Providing patient lists to providers
 - Beginning to analyze preliminary data

- ❑ The Iowa Pharmacy Foundation has committed to funding the state's portion of the costs for the evaluation. Other external funding sources have been achieved while additional financial support for this evaluation is actively being sought. The projected cost of the evaluation is approximately \$600,000. Federal matching funds are anticipated at a level of 50%.
- ❑ The Iowa Department of Human Services selects eligible patients who are at high-risk for medication-related problems according to a computer model developed at The University of Iowa. The computer model utilizes factors such as patient demographics and medication utilization to assess risk.
- ❑ Eligible patients must be receiving treatment for at least one of twelve specified disease states to qualify for services. These disease states include congestive heart failure, asthma, diabetes, hyperlipidemia, hypertension, GERD, peptic ulcer disease, depression, osteoarthritis, ischemic heart disease, atrial fibrillation, and chronic lung disease.
- ❑ Physician/pharmacist care teams provide patient care services as determined by the care team based on the needs of the patient. Services are not limited to the enrollment disease states.
- ❑ The care team, not the study protocol, determines the types of patient care services that will benefit each patient. Care is individualized based on patient needs.
- ❑ Eligible physicians and pharmacists serving eligible patients may provide pharmaceutical case management services. Protocol requires communication between the care team members and mutually agreed upon action plans.
- ❑ 126 pharmacies representing varied areas of Iowa and virtually every type of community site have met eligibility requirements. Pending the evaluation results, no further applications for pharmacy eligibility will be accepted.
- ❑ 152 pharmacists practicing in independent, chain, franchise, and health-system settings through out the state have met the eligibility requirements. Pharmacists practicing at eligible pharmacies may continue to apply.
- ❑ The Iowa Department of Human Services has received a state plan amendment from HCFA to allow for federal match on payments made to providers for pharmaceutical case management services. The state's share of payments for providers is budgeted at \$414,000 for SYE 2001.
- ❑ Each care team member receives equal reimbursement for services according to the legislative directive. Reimbursement ranges from \$25\$75 per assessment. Four assessment types have been developed for billing purposes: initial, follow-up, new problem, and preventive assessments.

- ❑ PCM services started October 1, 2000, as care teams received lists of patients eligible for the services in the 1st quarter of the services being available. 1561 patients were identified to pharmacists as eligible to receive PCM services in the 1st quarter.
- ❑ Care teams have begun to deliver the services and data analysis of submitted claims is under way by the research team.
- ❑ Care teams are in the process of receiving additional lists of eligible patients for the 2nd quarter of the services being available.
- ❑ The research team will submit a progress report to the General Assembly by December 15, 2001, and a final report December 15, 2002.